

Registration Form

Yes, I would like to attend **Pairs First** Workshop, on;

November 9th & 10th 07

January 18th & 19th 08

February 8th & 9th 08

March 14th & 15th 08

April 4th & 5th 08

May 9th & 10th 08

Workshop schedule: Friday evenings: 6 PM to 9PM, Saturdays: 9 AM to 5PM

Location: To be announced upon registration

(Workshops will be held in Minneapolis area)

Name: _____ Phone: _____

Address: _____ Cell: _____

City, State, Zip: _____ Email _____

Fee: \$ 190. - Per Couple Referred by _____

Method of payment Cash, Check, Visa/M.C/AM.EX. Amount enclosed.

Card # _____ Expiration date: _____

Signature: _____

Make check to: **Skilled Relationships Program**

Please mail check or money order to:

Skilled Relationships Program

P.O. Box 47005

Plymouth, MN 55447

OR:

Fax this form to: 952-471-3732 (Nili's private fax)

Bob Ostergaard www.RevBobOstergaard.com bobo36@comcast.net 952-215-7714

Nili Sachs www.DrNili.com nilisachs@msn.com 952-471-3730